

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5						
6						
7		6				
8		6				
9		6				
10		6				
11	1					
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24	1					
25	1					
26	1					
27						
28						
29						
30						
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	16					
TOTAL DEP.		180				
TOTAL CLAIMS	16	180				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52	1					
53	1					
54						
55						
56						
57						
58						
59						
60						
61	1					
62	1					
63						
64						
65						
66						
67						
68	1					
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	16					
TOTAL DEP.		180				
TOTAL CLAIMS	16	180				

124
3
36

54
36
44
16
20

196